

<b>Case Number:</b>	CM14-0005634		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a female, DOI 6/05/12. She has developed chronic cervical pain with radicular symptoms. She also is status post right cubital tunnel release. Her treatments have included epidural injections, physical therapy, activity modifications and surgery. She is on oral analgesics which are reported to be of meaningful benefits. A request for Terocin patches is reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **TEROCIN PATCH QTY 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** MTUS chronic pain guidelines are quite clear on the issue of topical analgesics either compounded for FDA approved. They state that even if a single agent in a compound is not FDA approved, the compound is not appropriate. Some of the Terocin ingredients (Methyl Salicylate 25%, Capsaicin.025% and Mentol 10%) may have merit and are

readily available over the counter. The other ingredient is Lidocaine 2.5%. This ingredient is discussed at length in the MTUS chronic pain guidelines and it is not recommended in this form and strength. It is not FDA approved in this form and strength. The Terocin patch is not medically necessary.